

JAN 11 2007

**TOWNSEND**  
and  
**TOWNSEND**  
and  
**CREW**  
LLP

San Francisco, California  
Tel 415 578-0200

Palo Alto, California  
Tel 650 326-2400

Walnut Creek, California  
Tel 925 472-5000

San Diego, California  
Tel 858 350-6100

Denver, Colorado  
Tel 303 571-4000

Seattle

1420 5th Avenue  
Suite 4400  
Seattle  
Washington 98101  
Tel 206 467-9800  
Fax 206 623-6793

## FACSIMILE COVER SHEET

Date: <b>January 11, 2007</b>	Client & Matter Number: <b>21985-001120US</b>	No. Pages (including this one): <b>10</b>
To: <b>Ex. Rodney P. Swartz USPTO</b>	At Fax Number: <b>(571) 273-8300</b>	Confirmation Phone Number:
From: <b>Steven W. Parmelee</b>		<b>(0091)</b>

## Message:

Re: U.S. Patent Application No. 10/739,457  
for: A METHOD FOR IDENTIFYING A MYCOBACTERIUM SPECIES  
Our File: 21985-001120US

Attached please find a copy of a Revocation of Power of Attorney and Change of Correspondence Address that was received in the PTO on October 25, 2004. Could you please update your records to show the correct attorney of record and correct correspondence address. If you have any questions, please do not hesitate to contact us.

Thank you for your assistance.

Original Will:	BE SENT BY MAIL	BE SENT BY FEDEX/OVERNIGHT COURIER	BE SENT BY MESSENGER	X	NOT BE SENT
----------------	-----------------	------------------------------------	----------------------	---	-------------

Faxed: Return to: Arlene C. Granlund - ()

If you have problems with reception please call Fax Services at extension (206) 467-9600

## Important

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and/or exempt from disclosure by applicable law or court order. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank you.

60967568 v1

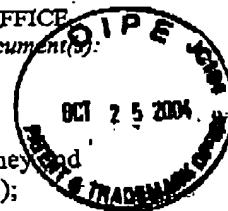
File

## BEST AVAILABLE COPY

TO THE U.S. PATENT AND TRADEMARK OFFICE  
Please stamp the date of receipt of the following document(s):

## TITLE OF DOCUMENT(S):

Transmittal Form;  
Revocation of Power of Attorney with New Power of Attorney and  
Change of Correspondence Address w/Schedule A (2 pgs.);  
Statements Under 37 CFR 3.73(b) (5 pgs.); and  
Copy of Notice of Recordation of Assignment Document w/electronic version  
v1.1 of Patent Assignment (4 pgs.)



Application/Patent Nos.: 5,817,473; 6,416,962 B1; 6,733,983;  
10/174,494 and 10/739,457

Atty Docket Nos.: 021985-001010US; -1020US; -001110US;  
-001030US; 001120US

Date Mailed: October 20, 2004

Attny/Secty.: SWP/mmm (SEA)

60330585 v1

**BEST AVAILABLE COPY**

JAN 11 2007

PTO/SB/21 (04-04)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application/Paten Numbers	as set forth in the attached documents
	Filing/Issue Dates	as set forth in the attached documents
	Attorney Docket Numbers	as set forth in the attached documents
Total Number of Pages in This Submission		10

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address with Schedule A <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statements Under 37 CFR 3.73(b) (5 pgs.); Copy of Notice of Recordation of Assignment Document w/Patent Assignment (electronic version v1.1) (4 pgs.); and Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	
	Steven W. Parmelee	Reg. No. 31,980
Signature	<i>Steven W. Parmelee</i>	
Date	Oct. 20, 2004	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Masha M. Martinenko		
Signature	<i>Masha M. Martinenko</i>	Date	Oct 20, 2004

60330582 v1